

## Candidate Statement of Non-Recipt of Contributions and Non-Expenditure of Funds

Name of Candidate or	Officeholder		Phone	Number
D Glen Esplin			(801)943-7198	
Street Address	Suite/Apartment/PO Box:	City	State	Zip
1815 East Parkridg	e Dr	Cottonwood Heights	UT	8412
Office	District Number	County	Political Party	
House	45	Salt Lake	R	epublica
	Type of Rep			
INITEDIM DI	(Check the approp	riate box) FINAL REPORT:		
INTERIM REPORTS:  Seven days preceding Party Convention (Required by all candidates)  Seven days preceding Primary Election (Required by all candidates)  August 31st (Required by all candidates)		Final Report (Required by all candidates and officeholders as soon as they close campaign accounts		
Seven days preceding a General Election (Required by all candidates)  YEAR-END REPORT  January 10th of every year		Yes Is this repo	rt an amend	ment?
I,	Report Verifice  Name of Cand  affirm that I have received no Contexpenditures for political purposes	idate tributions and incurred no		
	Signature of Car	ndidate	_	
Mail or Lieutenant G Utah State C Salt Lake City (801) f <b>For More</b> Contact the Lieuter (801) f	this Form deliver to overnor's Office apitol, Suite 220 , UT 84114-2325 i38 - 1133 Information hant Governor's Office i38 - 1041 -VOTE(8683)	For Office Use Service Use Ser	se Only	

Date Received

elections@utah.gov